

Case Number:	CM14-0153767		
Date Assigned:	09/23/2014	Date of Injury:	09/01/2004
Decision Date:	10/27/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/19/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Georgia. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is 36 year old female who was injured on 09/01/2004 when she tripped and fell. The patient underwent L3-S1 hemilaminectomy and discectomy on 11/17/2005. The patient has been treated with physical therapy, home exercise program, TENS unit and 6 sessions of acupuncture treatment. Prior medication history included Xanax 0.5 mg, hydrocodone acetaminophen, Zoloft 100 mg, Flexeril 10 mg, Terocin, ibuprofen, and Flector patch. A 08/12/2014 progress report (PR) noted the patient presented with complaints of back and leg pain. Pain was reported as stabbing in the mid back, low back, left anterior leg, and left groin, along with aching in the right lower extremity and posterior left lower extremity. Pain was reported as aggravated by sitting, bending, and lifting. Lying down, TENS unit, PT, heat, ice, and medications improved pain. She rated her pain 10/10 on a VAS without pain medications, and 5/10 with medications. Norco and morphine were reportedly helpful. She reported continued anxiety and depression due to her chronic pain. She was taking Xanax as needed for anxiety and Zoloft for depression. She requested a refill of Norco, Kadian, and Xanax. She was using a TENS unit, and reported it was very helpful in relieving her pain while in use. She reported an ability to lie down and relax while wearing it. On exam, there was increased pain with flexion and extension. She had decreased range of motion due to pain and straight leg raise was positive bilaterally. 4/5 strength was noted with left knee extension. Otherwise, 5/5 strength was documented. DTRs were 2+ except at the left Achilles, which is 1+. SI joint was tender on the left. Patrick's sign and Gaenslen's maneuver were negative. Increased pain noted with flexion and extension. Listed diagnoses included lumbar disc herniation, lumbar radiculitis, low back pain, dysthymic disorder, lumbar postlaminectomy syndrome, muscle pain, numbness, chronic pain syndrome. She was prescribed Kadian 40mg PO q12h, Norco 10/325mg 1 tab PO q4-6h #120. Her Norco was decreased to reflect an increase in her Kadian. Xanax 0.5mg, 1 tab PO bid-tid

#75 was prescribed. The clinician stated that the clinical history, physical exam, and imaging studies suggested the patient's pain was a combination of nociceptive and neuropathic pain. PR dated 09/08/2014 stated the patient complained of low back pain and right leg pain. She described her pain as radiating to the right buttock and thigh. She reported her pain as 10/10 without medications and 5/10 with pain. On exam, there was increased pain with flexion and extension. She had decreased range of motion due to pain and straight leg raise was positive bilaterally. 4/5 strength was noted with left knee extension. Otherwise, 5/5 strength was documented. DTRs were 2+ except at the left Achilles, which is 1+. SI joint was tender on the left. Patrick's sign and Gaenslen's maneuver were negative. Increased pain noted with flexion and extension. Summary of an MRI report from 03/11/2014 demonstrated loss of disc height primarily at L3-L4 through L5-S1 levels. Retrolisthesis of L2 on L3, through L4 on L5 was noted. End plate changes documented at L3-L4, and L4-L5 levels. She was noted as taking alprazolam, hydrocodone, cyclobenzaprine, ibuprofen, diclofenac, and Terocin. The patient was diagnosed with lumbar disc herniation, lumbar radiculitis, low back pain, dysthymic disorder, lumbar postlaminectomy syndrome, muscle pain, numbness and chronic pain syndrome. She was recommended Norco 10/325 mg, Zoloft 100 mg, and Xanax 0.5 mg. Prior utilization review dated 09/16/2014 stated the request for Norco 10/325mg #120 was denied and a weaning schedule should be implemented; Zoloft 100mg #60 was certified for one prescription only; and Xanax 0.5mg #75 was denied as it is not warranted.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco; Opioids, criteria for use; Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-96.

Decision rationale: The Medical Utilization Treatment Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, notes that for ongoing management of pain with opiate medications should include "documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The MTUS also notes that immediate discontinuation of opioids should be considered "If there is no overall improvement in function, unless there are extenuating circumstances". The MTUS also recommends opioids should be continued if "the patient has improved functioning and pain." During the maintenance phase, careful attention for worsening of pain and appropriate evaluation of possible causes is recommended. Recommendations are made to reassess efficacy of prescribed opiate medications every six months, though the MTUS also notes that if the current dose of opioids is effective, there should be no "attempt to lower the dose if it is working." Opioids have been suggested for neuropathic pain that has not responded to first-line

recommendations. Short acting opiates such as Norco are indicated for intermittent or breakthrough pain. Medical documents have consistently reported improved pain with medication use compared to without medication use. The patient's dosage of Norco has also been appropriately reduced with increase in dosing of her long acting pain medications. Based on the MUTS guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.

Zoloft 100mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Sertraline

Decision rationale: The Official Disability Guidelines (ODG) recommends antidepressant medications as an initial treatment of presentations of major depressive disorder that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Sertraline (Zoloft) is specifically recommended as a first-line treatment option for major depressive disorder. The medical records document that the patient has depression related to her pain condition. Based on the ODG criteria as well as the clinical documentation stated above, the request is medically necessary.

Xanax 0.5mg #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California Medical Utilization Treatment Schedule (MTUS) notes that benzodiazepine medications are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4-weeks. Tolerance to hypnotic effects develops quickly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Medical documents indicate the patient is being prescribed Xanax for its anxiolytic and muscle relaxant effects. Based on the MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.